

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90101 031 ***150.00

DOCUMENT # P93000068490

1. Entity Name
GINALSA, INC.



Principal Place of Business
8745 SW 152ND AVE
STE #213
MIAMI FL 33193
US

Mailing Address
8745 SW 152ND AVE
STE #213
MIAMI FL 33193
US



2. Principal Place of Business

8745 SW 152nd Ave

3. Mailing Address

8745 SW 152nd Ave.

Suite, Apt. #, etc.

Ste. # 213

Suite, Apt. #, etc.

Ste # 213

City & State

Miami FL

City & State

Miami FL

Zip

33193

Country

Dade

Zip

33193

Country

Dade.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0441412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVONNE, SCHMALBACH
8745 SW 152ND AVE
STE #213
MIAMI FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME BORACE, GIOVANNI
STREET ADDRESS 8745 SW 152 AV #213
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME IVONNE, SCHMALBACH B
STREET ADDRESS 8745 SW 152 AVE #213
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giovanni Borace Director 04/12/03 (305) 282-4217

Date

Daytime Phone #

CR2E034 (10/02)